

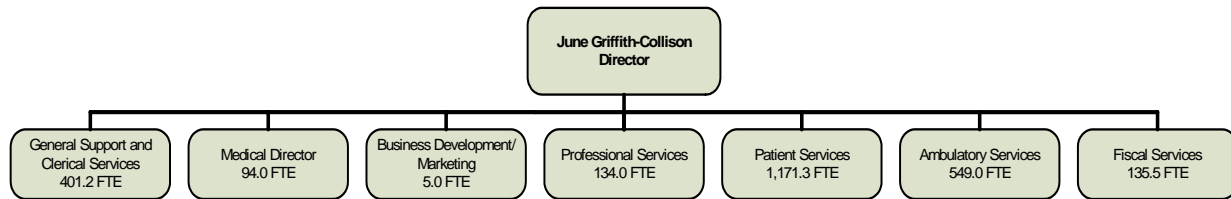
## ARROWHEAD REGIONAL MEDICAL CENTER

### June Griffith-Collison

#### I. MISSION STATEMENT

The San Bernardino County "Arrowhead Regional Medical Center" (ARMC) is a safety net hospital with the primary mission of providing quality healthcare, a basic necessity of humankind, to the residents of San Bernardino County. We continuously strive to improve the health of the communities we serve and become the provider of choice for healthcare delivery and education.

#### II. ORGANIZATIONAL CHART



#### III. SUMMARY OF BUDGET UNITS

	2005-06				
	Appropriation	Revenue	Fund Balance	Revenue Over/ (Under) Exp	Staffing
Arrowhead Regional Medical Center	330,094,110	325,780,391		(4,313,719)	2,491.0
Tobacco Tax Funds	1,871,026	1,709,360	161,666		-
<b>TOTAL</b>	<b>331,965,136</b>	<b>327,489,751</b>	<b>161,666</b>	<b>(4,313,719)</b>	<b>2,491.0</b>

#### IV. DESCRIPTION OF MAJOR SERVICES

Arrowhead Regional Medical Center (ARMC) is a state of the art, acute care facility embracing advanced technology in all patient and support areas. The Medical Center offers the latest in patient care by providing a full range of inpatient and outpatient services, three off campus community health centers, Department of Behavioral Health's inpatient activities and numerous specialty services. Freeway access, shuttle service and locale as an Omnitrans bus hub makes ARMC convenient to county residents.

The campus houses five buildings which also serve to somewhat outline the definitive services: Behavioral Health, Hospital, Outpatient Care Center, Diagnostic & Treatment and the Central Plant.

The Hospital and Behavioral Health facilities are comprised of 373 (90 Behavioral Health and 283 Hospital) inpatient rooms, most of which are private. The Emergency Department is a Level II Trauma Center and consists of 15 observation rooms, 8 treatment rooms, 3 law enforcement holding rooms and 8 trauma rooms. In 2005, an Emergency Department remodel added a 9 bay Rapid Medical Emergent Treatment area to expedite treatment and improve throughput. The helicopter landing area can accommodate both standard medi-vac helicopters and military helicopters. The outpatient care center consists of 109 examination rooms and 8 procedure rooms.

The Medical Center remains one of the most technologically advanced health care institutions in the entire country. It is also seismically sound, capable of withstanding an 8.3 magnitude earthquake and is designed to remain self sufficient and functional for a minimum of 72 hours.

**Inpatient Care:** Inpatient services provide curative, preventative, restorative and supportive care for general and specialty units within the General Acute Care Hospital, Behavioral Health Hospital and Home Health. Care is coordinated among multiple care providers responsible for patient care twenty four hours a day. Nursing functions as a primary interface with patients, families and others and is often the interpreter for the hospital experience and treatment plan. Education is a primary focus. ARMC offers numerous Residency Programs for the training of physicians in Family Practice, Emergency Medicine, Surgery, Neurosurgery, Women's Health, and Internal Medicine.



Inpatient Service lines include:

- Inland Counties Regional Burn Center, which provides total burn care to patients of all ages and serves San Bernardino, Riverside, Inyo and Mono Counties.
- Medical Intensive Care (MICU), Surgical Intensive Care (SICU) – providing critical care for medical and surgical patients requiring continuous monitoring, assessment and treatment.
- Neonatal Intensive Care Unit (NICU) providing critical care for newborn premature/fragile infants.
- Maternal Child Services – labor / delivery / maternity and postpartum.
- Newborn Nursery providing full services for newborn infants.
- Operative Services provides surgical, invasive and peri-operative for all surgical procedures excluding cardiac. It is comprised of 15 OR suites, a three room Specialty Procedure Lab, Pre-Op Holding Area, Post Anesthesia Care Unit (PACU), Ambulatory Surgery Care (ASC), Pre-Op Clinic, Pain Clinic and three Obstetrical / Gynecological Operating Rooms.
- Pediatrics – providing assessment, observation and treatment of pediatric patients.
- Medical Surgical Services – Geriatrics, Orthopedics, telemetry patients requiring assessment, observation and treatment.
- Specialty Services – offered to patients who have special needs such as Dialysis, Cancer, Transplant (kidney) and Wound care – Patient evaluation follow-up, diagnostic planning, treatment and case management.
- Behavioral Health – Adult inpatient psychiatric treatment services which include evaluation, assessment and treatment by interdisciplinary teams of psychiatrists, nurses, psychiatric technicians, clinical therapists and occupational therapist. Program offers medication administration, individual and group therapy and family education.

**Outpatient Services:** Outpatient Care is an integral part of our multifaceted health care delivery system offering a wide range of emergency, primary, preventive, chronic, follow-up and specialty care in an ambulatory care setting. Visits have exceeded 250,000 annually without the Emergency Room volume.

Outpatient Service lines include:

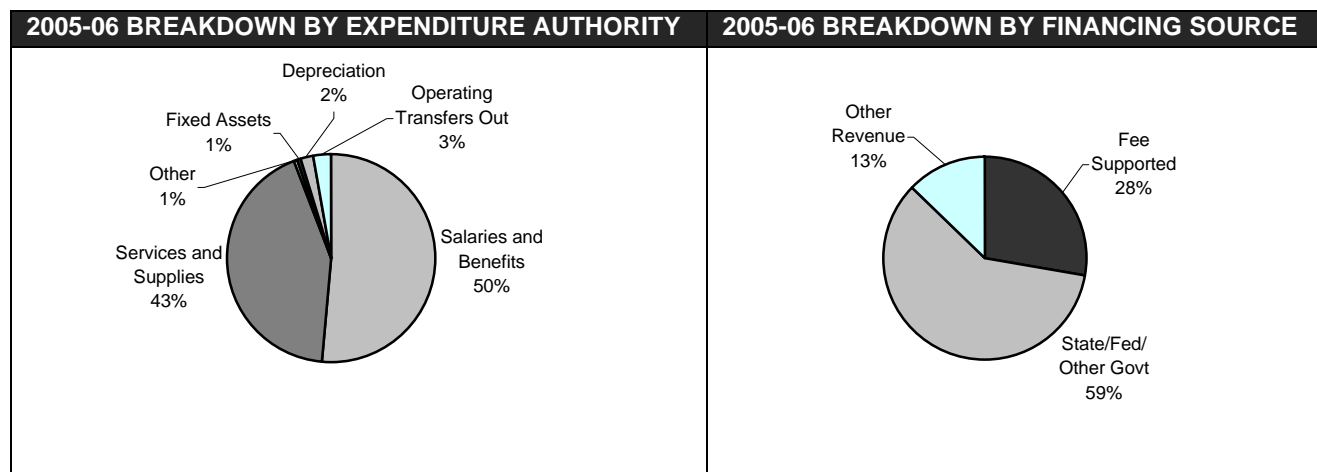
- Emergency Medicine – ARMC is a busy Level II Trauma Center offering acute, emergent and urgent treatment of patients. Visits are currently in excess of 90,000 annually.
- Primary care – three outlying family health centers offering comprehensive primary medical care for children and adults. These are community clinics that provide preventive, obstetrical and gynecological care, family planning services, well child visits, immunizations, health education and referral to specialty services – Fontana Family Health Center, McKee Family Health Center and Westside Family Health Center.
- Specialty Clinics (10) including:
  - \* Infusion Therapy – provide therapeutic and supportive care to adult oncology patients and their families, chemotherapy, blood products, IV hydration and antibiotics.
  - \* Internal Medicine with subspecialties of cardiology, allergy, nephrology, endocrinology, gastroenterology, hematology, neurology and rheumatology.
  - \* Surgery clinic with subspecialties of general surgery, wound care, burn care, urology, oral surgery/dental, ENT/audiology, neurosurgery, ophthalmology, pre-operative evaluation and post operative care.
  - \* Women's Health offering comprehensive pregnancy services from preconception counseling to postpartum care including high risk maternal / child care.
  - \* Orthopedic clinic providing services for diagnosis and treatment of diseases and abnormalities of the musculoskeletal system with emphasis on upper extremity, joint reconstruction, trauma and spine.
  - \* Pediatric clinic – a variety of comprehensive services to children 0 – 18 years of age, well child visits, immunizations, high risk follow-up, sick child walk-in visits as well as pediatric specialty services of cystic fibrosis, neurology, nephrology, endocrinology, asthma, diabetes, genetics, allergy, cardiology and hematology.
  - \* Family Elder Care serving primarily elderly adults and frail elderly, their support systems/caregivers and families, offers consultative services for seniors, geriatric evaluation and management.

- \* Rehabilitation Clinic – conducts evaluations for State Disability, Rehabilitation/Treatment of amputees, spinal cord injuries and strokes. Referrals are to Physical Therapy, Speech, Occupational Therapy and Prosthetics.

**Ancillary / Support & Specialized Services Include:**

- Medical Imaging Department (Radiology) utilizes a digitized imaging and archiving system which replaces x-ray film. Radiologists can remotely access and read images for expedited diagnostic interpretation. The Medical Imaging Department also performs Bone Densometry, Mammography, CT scanning, MRI, Ultrasound, Nuclear Medicine and Radiation Oncology.
- Neurodiagnostics offers both inpatient and outpatient diagnostic studies. Tests performed include electroencephalograms (EEG), Continuous EEG, Electromyogram (EMG), Nerve Conduction studies and transcranial dopplers.
- The Clinical Laboratory is responsible for inpatient and outpatient diagnostic services which include chemistry, hematology, coagulation, urinalysis, bacteriology, cytology, virology, mycology, serology, TB, blood transfusions, autopsy and surgical pathology. Approximately 1.4 million tests are performed annually in this 24 hour service.
- Pharmacy provides comprehensive inpatient and outpatient pharmaceutical services. The outpatient Pharmacy operates an automated prescription filling system called Optifill II. The patient submits the prescription and it is entered into the computer and reviewed by a pharmacist. Once accepted, a label is printed, the computer initiates filling the bottle and caps the prescription. Quality assurance is completed prior to presenting to the patient.
- Rehabilitation Services includes Physical Therapy, Occupational Therapy and Speech Therapy. The department evaluates and treats patients with neuromuscular, musculoskeletal, sensorimotor, cardiovascular, pulmonary disorders and language dysfunction. The goal is to restore the patient's functional activities of daily living to the highest possible level.
- Respiratory Care offers a thorough practice of routine, prophylactic and intensive respiratory care modalities including gas and aerosol therapy, conventional mechanical ventilation, high frequency oscillatory ventilation, airway management, CPR, blood gas acquisition and analysis, non invasive monitoring and placement of percutaneous tracheotomies.
- Home Health includes rehabilitative care, IV therapy and wound care extended to patient's home to complete the continuum of care.
- Health Information Library offers catalog of CD ROM, journals and computers with internet access for health care research and up to date information.
- Wound care and hyperbaric medicine is directed specifically toward the healing of chronic wounds. Services include diagnostic testing / sharp debridement, casting and strapping for compression therapy and patient education. Hyperbaric Oxygen Therapy (HBO) is offered to patients with specific types of difficult to treat wounds that are known to respond to HBO per UHMS guidelines.

**V. 2005-06 BUDGET**



## VI. GOALS & 2006-07 OBJECTIVES AT CURRENT FUNDING LEVELS

GOALS	2006-07 OBJECTIVES
1. Increase outpatient and emergency room visits.	<ul style="list-style-type: none"> <li>A. Implement formal Patient Visit Redesign Program in the Family health Centers and Specialty Clinics. (Currently, piloting one Family Health Center and one Specialty Clinic).</li> <li>B. Perfect patient flow through the Emergency Department. (Space planning needs assessment).</li> <li>C. Continue and enhance marketing activities for public awareness of services provided such as promotional videos, community health fairs and collaboration with ARMC's Foundation activities.</li> <li>D. Increase in outpatient surgeries by expanding hours of service and activating unused operating room suites.</li> <li>E. Develop and implement plan to expand outpatient Rehabilitation Workers' Comp referral base.</li> </ul>
2. Increase admissions in acute care services.	<ul style="list-style-type: none"> <li>A. Increase in number of deliveries.</li> <li>B. Improve management of inpatient care process and reduce Emergency Room "hold" patients by improving throughput and decreasing the patient's average length of stay through implementation of case management rounds, decreasing barriers to patient discharge and improved utilization review management.</li> <li>C. Optimize room turn over with Bed Management Software program.</li> </ul>
3. Enhance reimbursement and other revenue streams.	<ul style="list-style-type: none"> <li>A. Improve financial screening and eligibility process for government aids and new programs at the Emergency Room.</li> <li>B. Reduce/eliminate data entry errors by point of entry staff (registration staff).</li> <li>C. Revamp reimbursement staffing structure to analyze proper cost reporting and accounts receivable management.</li> <li>D. Ensure revenue-producing departments are abreast of current reimbursement regulations for proper billing and coding of diagnostic procedures.</li> </ul>
4. Explore additional cost containment opportunities and strategies.	<ul style="list-style-type: none"> <li>A. Restructure nursing to patient skill mix ratio by incorporating Licensed Vocational Nurses in the nurse to patient ratio for Medical/Surgical areas – (non specialty areas); cross train registered nurses for specialty areas such as NICU, and Labor &amp; Delivery.</li> <li>B. Reduce utilization of nursing registry through enhanced recruitment strategies and better control of unscheduled absences.</li> <li>C. Implement equipment / procedural safe practices in high injury Department of Environmental Services.</li> <li>D. Continue to conduct Departmental Monthly Operational Reviews with Department Managers for adherence with budgeted expenditures. (Accurate fiscal reporting to Department/Administration by 20<sup>th</sup> day of following month.)</li> <li>E. Consolidation of Laboratory Services, where appropriate, between the Department of Public Health (DPH) and ARMC.</li> <li>F. Decrease the cost of pharmaceutical care.</li> <li>G. Develop specialty inpatient care units in Behavioral Health.</li> </ul>



GOALS	2006-07 OBJECTIVES
5. Continue maintaining and improving the information technology infrastructure and proceed with installation and implementation of additional Meditech System modules.	A. Evaluate necessary information technology equipment and software required for: <ul style="list-style-type: none"> <li>a) Data Repository</li> <li>b) Computer servers refresh</li> <li>c) PAC System</li> <li>d) Home Health Billing Software</li> </ul> B. Meditech Upgrade from 5.3 to 5.5 and interfaces such as: <ul style="list-style-type: none"> <li>a) IEHP interface to provide IEHP encounter data in an 837 format.</li> <li>b) C-Bord Interface- Nutrition Services interface into Meditech for dietary orders.</li> <li>c) PACS interface- sends radiology orders and transcribed radiology reports from Meditech to Siemens PACS</li> <li>d) MUSE project in Respiratory- to send patient registration data to the MUSE cardiac care system</li> <li>e) MD staff interface to OR Scheduling module</li> <li>f) Imaging Project for Personnel System</li> <li>g) Accucheck Interface with ADT- to send blood glucose test results from the testing instrument to the Meditech System.</li> <li>h) Collection Interface- allows County Collections Department to have access to Meditech Patient Accounting to post payments and adjustments.</li> </ul> C. Build, install and implement the following Meditech modules: <ul style="list-style-type: none"> <li>a) Emergency Department Module</li> </ul>
6. Continue improving Customer Satisfaction Survey results.	A. Continue demonstrating high visibility with staff by the Administrators in all hospital's units. B. Continue direct communications with Medical Center staff and physicians i.e. new employee orientation, employee forums, and recognition awards.

The 2006 – 2007 Medical Center goals were selected to coincide with our primary mission and our strategic plan for meeting current service demands and future service requirements. Having been at capacity shortly after opening its doors, the Medical Center's current most pressing issue is lack of inpatient beds. This issue has significant impact on the expansion and progression of the health care delivery system and ARMC's ability to adequately serve an area of considerable growth and development. Increasing the number of available beds is paramount. However, it also requires the development of a high performance workforce in a climate of national shortage of registered nurses, clinical laboratory scientists and radiologic technologists. Efforts are being directed toward immediate, intermediate and long-term remedies. The Medical Center's long-term (2 – 5 years) strategic plan encompasses the following:

- i. Increasing Bed Capacity – minimally by 72 medical-surgical beds. ARMC will support the original concept of operations and propose to utilize the “soft space” on the 6<sup>th</sup> floor of the hospital tower. CIP submitted July 2005.
- ii. Increasing Parking Access & Availability – ongoing review points to the necessity for an additional 1,000 spaces. Initial CIP submitted – parking structure minimum 600 additional spaces – July 2005.
- iii. Develop a full scope Heart Program. In the relocation project of moving San Bernardino County Medical Center (SBCMC) to Arrowhead Regional Medical Center (ARMC), a five-year gentleman's agreement – “armistice” with the area hospital coalition dictated “similar size” in number of beds and “maintenance of services” relating to the development of new programs. ARMC currently transfers approximately 1.4 million dollars a year in cardiac surgery business to other healthcare facilities that would be better served being maintained within the County hospital. The Open Heart Program requires an increase in bed capacity to be successful.



- iv. Establish a timeline and plan to achieve a paperless Medical Record system within next five years.
- v. Move in the direction of a "Health Care Agency" concept of operations with Public and Behavioral Health jointly constructing a "Health Care Agency Building" on the campus of ARMC, co-locating Public health, Behavioral Health and ARMC Administration, as well as selective global County services.

These projects are proposed long-term solutions to existing dilemmas and require planning, forethought and multi-million dollar commitment.

## VII. PERFORMANCE MEASURES AT CURRENT FUNDING LEVELS

OBJT.	MEASUREMENT	2006-07 (Projected)
1A.	Outpatient visits	2.9% Increase (14,700)
1B.	ER patients leaving without being seen.	50% Decrease (9,125)
1D.	Outpatient Surgeries (3/day x 245 days or 10%)	10% Increase (735)
1E.	Outpatient Rehab Volume	5% Increase (943)
2A.	Number of deliveries.	10% Increase (360)
2B.	Increase in ER admissions (5/day of the 13/day on ER hold)	1,825
2C.	Room turn around time	30% Increase
3A.	MediCal Eligibility from ER visits	10% Increase (3,650)
3B.	Streamline error identification/monitor stats – include in performance evaluation criteria.	Error rate less than 5%
4B.	Nursing Registry Utilization	25% Reduction (\$750,000)
4C.	EVS departmental injuries.	20% Reduction
4E.	Reagent costs with combined purchasing and increased volume.	Approx 5% savings
4G.	Utilization of sitters/number of assaults.	10% Decrease & 5% Decrease respectively
6A&B.	Improvement in Patient Satisfaction Scores – Press Ganey or comparable.	Overall 3 – 5 % increase in likelihood of recommending

If there are questions about this business plan, please contact Colene Haller, Chief Operating Officer, at (909) 580-6180.

